Gestational Diabetes

This sheet is about having gestational diabetes in a pregnancy and while breastfeeding. This information is based on published research. It should not take the place of medical care and advice from your healthcare provider.

What are diabetes and gestational diabetes?

Diabetes is a medical condition in which the body either does not make enough insulin or cannot use insulin correctly. Insulin is a hormone that helps sugar (glucose) move from the bloodstream into the cells of the body, giving the cells energy to function. When glucose cannot enter the cells, it builds up in the blood (high blood sugar, or hyperglycemia). MotherToBaby has a separate fact sheet about type 1 and type 2 diabetes at: https://mothertobaby.org/fact-sheets/type-1-and-type-2-diabetes/.

Gestational diabetes is diabetes diagnosed for the first time during pregnancy. Gestational diabetes can develop in women who did not have diabetes before pregnancy. It has also been diagnosed in women who have type 2 diabetes before becoming pregnant, but they do not know they have it. If the diabetes is not diagnosed until later in pregnancy, it is called gestational diabetes. Since type 2 diabetes is becoming more common in the general population, it has been suggested that all women who want to become pregnant talk with their healthcare providers about being checked for diabetes before becoming pregnant.

Well-controlled glucose levels are levels in the range that works best for a person. Uncontrolled or poorly-controlled glucose levels mean blood sugar levels are too high, even if the condition is being treated. What are considered well-controlled, poorly-controlled and uncontrolled glucose levels can vary from person to person. According to the American Diabetes Association, the goals for blood glucose levels for people with gestational diabetes are:

- Before a meal (preprandial) ≤95 mg/dL (5.3 mmol/L)
- 1-hour post-meal ≤140 mg/dL (7.8 mmol/L)
- 2-hours post-meal ≤120 mg/dL (6.7 mmol/L)

However, because every person and every pregnancy are different, it is important to work with your healthcare team to determine what your own blood glucose goals are and how to meet them during pregnancy.

How are women screened for gestational diabetes?

Most women are screened for gestational diabetes around 24 to 28 weeks of pregnancy by drinking a glucose solution and having their blood glucose level tested 1 hour later. If this test result is abnormal, a longer test may be done to confirm a diagnosis of gestational diabetes.

Women who have had gestational diabetes in a previous pregnancy have a greater chance of having it again in later pregnancies. If you have had gestational diabetes in a previous pregnancy, your healthcare provider may want you to take the glucose screening test earlier in pregnancy. Talk to your healthcare provider about the screening or testing options that are right for you.

Does having gestational diabetes increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. When glucose levels are not well-controlled during pregnancy, there is an increased chance of miscarriage.

Does having gestational diabetes increase the chance of birth defects?

Birth defects can happen in any pregnancy for different reasons. Out of all babies born each year, about 3 out of 100 (3%) will have a birth defect. We look at research studies to try to understand if an exposure, like gestational diabetes, might increase the chance of birth defects in a pregnancy.

Gestational diabetes has not been associated with birth defects in most studies, but some studies do suggest an increased chance of birth defects. It is possible that these birth defects are due to undiagnosed type 2 diabetes in the

first trimester or other causes, such as obesity. Obesity can cause gestational diabetes, and can also increase the chance of birth defects. For more information on obesity, please see the MotherToBaby fact sheet: https://mothertobaby.org/fact-sheets/obesity-pregnancy/.

Would having gestational diabetes increase the chance of other pregnancy related problems?

When glucose levels are not well-controlled during pregnancy, there is a higher chance of stillbirth, pre-eclampsia (high blood pressure and problems with organs, such as the kidneys), too much amniotic fluid around the baby (polyhydramnios), and preterm delivery (delivery before week 37). At birth, the baby can have trouble breathing, low blood sugar (hypoglycemia), and jaundice (yellowing of the skin and the whites of the eyes). In addition, having gestational diabetes increases the chance of having large babies (called macrosomia), some weighing over 10 pounds. When glucose levels are well-controlled during pregnancy, these problems are less likely to happen.

Does having gestational diabetesin pregnancy cause long-term problems or affect future behavior or learning for the child?

Infants born to women with gestational diabetes have higher chances of childhood obesity and developing diabetes later in life. These outcomes are thought to be influenced by both genetics and blood sugar levels during pregnancy. Some studies suggest that poorly-controlled diabetes during pregnancy could affect development of the central nervous system (CNS) in the fetus. If this happens, it could increase the chance of problems with learning, behavior, and development for the child later in life. However, data from these studies are limited.

How is gestational diabetes treated?

In most cases of gestational diabetes, blood glucose levels can be controlled with dietary changes and exercise. Some women need to take medication. You can discuss questions about specific medications with your healthcare provider or with a MotherToBaby specialist.

What kinds of tests are recommended during pregnancy for people with gestational diabetes?

Your healthcare providers will follow you and your developing baby’s health closely during the pregnancy. They will talk with you about the correct tests for your pregnancy.

Does gestational diabetes go away after I deliver my baby?

For most women, gestational diabetes goes away soon after delivery. If it does not go away, it is called type 2 diabetes. About 50% (1 in 2) of all women who had gestational diabetes develop type 2 diabetes later in life. It is suggested that women who had gestational diabetes get tested for diabetes 6 to 12 weeks after their baby is born, and then every 1 to 3 years. It is important for women who had gestational diabetes to continue to exercise and eat a healthy diet after pregnancy to prevent or delay getting type 2 diabetes.

Breastfeeding while I have gestational diabetes:

Having gestational diabetes is not considered a reason to discourage breastfeeding. Keeping glucose levels well-controlled is important when breastfeeding. Some research has found that high glucose levels in the mother’s blood can overflow into the breast milk as sugar. This could cause hypoglycemia (low blood sugar) in the infant. If you take medication to control your diabetes, you can contact a MotherToBaby specialist to learn more about your specific medication(s) during breastfeeding. Be sure to talk to your healthcare provider about all of your breastfeeding questions.

Please click here to view references.

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